

2673

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PTO/SB/21, 06-02
Approved for use through 10/31/2002. OMB 0651-0021
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	09/618,924	
	Filing Date	07/18/2000	
	First Named Inventor	Lilienthal	
	Group Art Unit	2673	
	Examiner Name	Kovalike	
Total Number of Pages in This Submission	14	Attorney Docket Number	SEL1

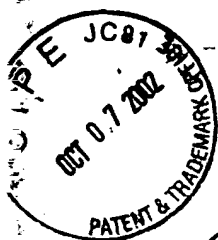
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ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or individual name	William S. Ramsey Reg. No. 32,715
Signature	<i>W S Ramsey</i>
Date	October 1, 2002

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: Oct 1, 2002			
Typed or printed name	William S. Ramsey	Date	Oct. 1, 2002
Signature	<i>W S Ramsey</i>		

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FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

(\$)
70

Complete if Known

Application Number 09/618,924
Filing Date 07/18/2000
First Named Inventor Lilienthal
Examiner Name Kovalike
Group Art Unit 2673
Attorney Docket No. SEL1

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METHOD OF PAYMENT

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit
Account
Number

18-0158

Deposit
Account
Name

Ramsey

- ☒ Charge Any Additional Fee Required
Under 37 CFR 1.16 and 1.17

- ☐ Applicant claims small entity status.
See 37 CFR 1.27

2. ☒ Payment Enclosed:

- ☒ Check ☐ Credit card ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Small Entity
Fee Fee Fee Fee Fee Description
Code (\$) Code (\$) Code (\$)

101 710 201 355 Utility filing fee
106 320 206 160 Design filing fee
107 490 207 245 Plant filing fee
108 710 208 355 Reissue filing fee
114 150 214 75 Provisional filing fee

Fee Paid

SUBTOTAL (1) (\$)
0

2. EXTRA CLAIM FEES

Total Claims 18
Independent Claims 2
Multiple Dependent
Extra Claims
-20** = 0
-3** = 0
Fee from below
Fee Paid
0
0
0

Large Entity Small Entity
Fee Fee Fee Fee Fee Description
Code (\$) Code (\$) Code (\$)

103 18 203 9 Claims in excess of 20
102 80 202 40 Independent claims in excess of 3
104 270 204 135 Multiple dependent claim, if not paid
109 80 209 40 ** Reissue independent claims over original patent
110 18 210 9 ** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)
0

*for number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code		
105 130	205 65	Surcharge - late filing fee or oath	
127 50	227 25	Surcharge - late provisional filing fee or cover sheet	
139 130	139 130	Non-English specification	
147 2,520	147 2,520	For filing a request for ex parte reexamination	
112 920*	112 920*	Requesting publication of SIR prior to Examiner action	
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action	
115 110	215 55	Extension for reply within first month	70
116 390	216 195	Extension for reply within second month	
117 890	217 445	Extension for reply within third month	
118 1,390	218 695	Extension for reply within fourth month	
128 1,890	228 945	Extension for reply within fifth month	
119 310	219 155	Notice of Appeal	
120 310	220 155	Filing a brief in support of an appeal	
121 270	221 135	Request for oral hearing	
138 1,510	138 1,510	Petition to institute a public use proceeding	
140 110	240 55	Petition to revive - unavoidable	
141 1,240	241 620	Petition to revive - unintentional	
142 1,240	242 620	Utility issue fee (or reissue)	
143 440	243 220	Design issue fee	
144 600	244 300	Plant issue fee	
122 130	122 130	Petitions to the Commissioner	
123 50	123 50	Processing fee under 37 CFR 1.17(q)	
126 180	126 180	Submission of Information Disclosure Stmt	
581 40	581 40	Recording each patent assignment per property (times number of properties)	
146 710	246 355	Filing a submission after final rejection (37 CFR § 1.129(a))	
149 710	249 355	For each additional invention to be examined (37 CFR § 1.129(b))	
179 710	279 355	Request for Continued Examination (RCE)	
169 900	169 900	Request for expedited examination of a design application	

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)
70

SUBMITTED BY

Name (Print Type)

William S. Ramsey

Registration No.
(Attorney/Agent)

32,715

Telephone

410-740-2225

Signature

William S. Ramsey

Date

Oct. 1, 2002

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